



Date: March 22, 2006

Dear Pharmacist and Physician:

SUBJ: Prior Authorization Process for 4 Script Limit

The Prior Authorization process for prescriptions exceeding the Kentucky Medicaid four prescription limit will not be enabled until the retrospective review of data between March 1, 2006, and May 1, 2006 is complete.

At this time, the First Health Clinical Call Center cannot accept prior authorization requests for prescriptions exceeding the limit, but not meeting override criteria outlined in the clarification letter dated February 24, 2006. (Provider Notice #22 located at <https://kentucky.fhsc.com/Pharmacy/Providers/Bulletins.asp>)

As communicated in the February 24, 2006, *Clarification Letter*, the March-May data will be utilized to determine the need for hard denials which **will** require faxed requests to the clinical call center. When the guidelines for hard denials are developed by Kentucky Medicaid, the First Health center will begin to accept those Prior Authorization requests.

Remember that pharmacies will not be audited on overrides entered between March 1, and May 1, 2006. Meanwhile, when encountered with a prescription for a member that does not meet the guidelines for override, the pharmacist and physician should communicate to evaluate the medical necessity of the treatment and to optimize the Medicaid member's pharmacy benefit limitations.

Pharmacists have inquired regarding a standardized process for documentation of such physician communication. First Health and Kentucky Medicaid are identifying "best practices" for this documentation and will release guidance on this process in the coming weeks.

Thank you for your continued commitment and service to Kentucky Medicaid members.

Sincerely,

Carrie Lovell, Pharm. D.
Pharmacy Account Manager